

## New York State Death Certificate Request Form

Name of Deceased: \_\_\_\_\_  
(First) ( Middle) (Last)

Date of Death or Period Covered by Search: \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth of Deceased: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Father of Deceased: \_\_\_\_\_  
(First) ( Middle) (Last)

Mother of Deceased: \_\_\_\_\_  
(Maiden Name) (First) ( Middle) (Last)

Place of Death (e.g. hospital or residence): \_\_\_\_\_

Village, Town or City: \_\_\_\_\_ County: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

Purpose For Which Record Is Required: \_\_\_\_\_  
\_\_\_\_\_

Your relationship to the deceased: \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship of your client to persons whose record is required:

Client: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please PRINT name and address where record should be sent:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## **CITY OF WATERTOWN STATE OF NEW YORK**

### New York State Death Certificate Request Form

Only money orders are accepted through the mail. Copy of photo I.D. must accompany signed request.

Fee: \$10.00

#### **SUBMIT REQUEST TO:**

City Clerk's Office  
245 Washington Street, Room 101  
Watertown, NY 13601

#### **PLEASE NOTE:**

Certificates may be paid for by credit card and will be mailed the same day. Credit card orders require a faxed photo I.D. with signed request and credit card # and expiration date. Fax # is (315) 785-7796.

Fee: \$16.00